

**City of Norfolk**  
**Department of Neighborhood and Leisure Services**  
**Therapeutic Recreation Center**  
**Participant Registration Form**

Name of registrant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_  
Phone(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Parent/Guardian Name(if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
*In case of an emergency, hospital of choice* \_\_\_\_\_

**MEDICAL HISTORY**

Primary Diagnosis \_\_\_\_\_  
Other Medical Issues \_\_\_\_\_

Any specific accommodations required? If so, what? \_\_\_\_\_

*Has participant had any of the following?:*

Diabetes	Yes _____ No _____	Speech Disorder	Yes _____ No _____
Diet Restriction	Yes _____ No _____	Paralysis	Yes _____ No _____
Hearing Impaired	Yes _____ No _____	Heart Condition	Yes _____ No _____
Visual Impairment	Yes _____ No _____		
Allergies	Yes _____ No _____		

\*\*\*If YES, to what? \_\_\_\_\_

Seizure Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*If YES, please fill out Seizure Information Form.

Medications Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*PLEASE NOTE all current medications \_\_\_\_\_

Bowel problems	Yes _____ No _____	Able to toilet self	Yes _____ No _____
Bladder problems	Yes _____ No _____	Able to toilet self	Yes _____ No _____

***Participant Liability Release***

I am aware of the program(s) for which I am registering and I hereby assume responsibility for myself and or person named \_\_\_\_\_, to participate. I will not hold the City of Norfolk, Dept. of Neighborhood and Leisure Services, Therapeutic Recreation Center and/or its employees responsible in case of an accident or injury as a result of this participation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Photo Release***

I give my permission for \_\_\_\_\_ to be photographed while participating in any of the Therapeutic Recreation programs. I understand that the pictures will be used for program publicity.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Confidentiality Understanding***

I understand the above information given will be kept strictly confidential by the Bureau of Recreation.

Signed \_\_\_\_\_ Date \_\_\_\_\_